

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027375

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

3670

FILED JUL 30 1962

1. PLACE OF DEATH  
a. COUNTY

JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE b. COUNTY

MISSOURI JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

KANSAS CITY

Length of stay in 1b

1905

c. CITY OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

ST JOSEPH'S HOSP

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

537 FOREST

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

GAETANO TORTORICE

4. DATE OF DEATH  
Month Day Year

7 12 62

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6-4-81

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HUCKSTER

10b. KIND OF BUSINESS OR INDUSTRY

PRODUCE

11. BIRTHPLACE (City and state or country)

ITALY

12. CITIZEN OF WHAT COUNTRY

ITALY

13a. FATHER'S NAME

MATHEW TORTORICE

13b. MOTHER'S MAIDEN NAME

FRANCESCA

14. NAME OF HUSBAND OR WIFE

ANNA

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv)

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

SAM TORTORICE

Address

SAME

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Abdominal carcinomatosis with liver

INTERVAL BETWEEN ONSET AND DEATH

3 weeks

metastasis

Cancer of pancreas

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cirrhosis of the liver, Arteriosclerotic heart disea se

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-26-62 to 7-12-62 and last saw her alive on 7-12-62  
Death occurred at 11:50 a\_m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

[Signature]

22b. ADDRESS

1222 McGee, Kansas City, Mo.

22c. DATE SIGNED

7-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

7-14-62

23c. NAME OF CEMETERY OR CREMATORY

MT OLIVET CEM

23d. LOCATION (City, town, or county)

K.C. MO

24. FUNERAL DIRECTOR

ADDRESS

SEBBETO'S

K.C. MO

25. DATE RECD. BY LOCAL REG.

7-15-62

26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

D. J. Cutliff M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Forest D. Goldsman

Licensed Embalmer No. 4714

P. O. Address K.C. Mo.

1. Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.